

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-876)

SERIAL NO.  
**09 757011**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						/
2							52						/
3							53						/
4							54						/
5							55						/
6							56						/
7							57						/
8							58						/
9							59						/
10							60						/
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12							62						/
13							63						/
14							64						/
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18							68						/
19							69						/
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32							82						/
33							83						/
34							84						/
35							85						/
36							86						/
37							87						/
38							88						/
39							89						/
40							90						/
41							91						/
42							92						/
43							93						/
44							94						/
45							95						/
46							96						/
47							97						/
48							98						/
49							99						/
50							100						/
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						